

2011-12-13 10:46

DC0547PM13501

8652125642 >>

4239280358 P 15/16

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/01/2011
FORM APPROVED
OMB NO. 0938-0391

454 11/21/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445358	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2011
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

LAKEBRIDGE HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

115 WOODLAWN DRIVE

JOHNSON CITY, TN 37604

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 022 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure exit signs are readily visible.</p> <p>The findings include:</p> <p>Observation on December 5, 2011 at 1:00 pm revealed two (2) exit lights in an enclosed court yard were faded and not visible and must be replaced.</p>	K 022	<p>Lakebridge Health Care Center believes its current practices were in compliance with the applicable standard of care but that in order to respond to this citation from the surveyors the facility is taking the following additional actions</p> <p>IDENTIFICATION The access to two exits signs were ordered 12/12/2011 and will be replaced on 12/16/2011.</p> <p>MEASURES/SYSTEMIC CHANGES</p> <p>Exits sign were checked by Maintenance Director on 12/9/2011 and no other signs were found to be faded or not visible. Exit Signs will be checked monthly by the Maintenance Director.</p> <p>MONITORING</p> <p>Measures to assure compliance include monthly Performance Improvement audits by the Administrator and Maintenance Director. They will monitor for any signs that are faded or not visible and report monthly to the Performance Improvement Committee, which consists of Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Dietary Manager, Consultant Pharmacist, MDS & Assessment Nurse, Housekeeping Supervisor, Maintenance Director, Social Services Director. The Committee's recommendations will be followed up by the Administrator.</p>	12/21/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEC 19 2011